

Department of Human Services  
Bureau of Human Service Licensing

August 26, 2021

CEO

RE: QUALITY LIFE SERVICES - APOLLO  
153 GOODVIEW DRIVE  
APOLLO, PA, 15613  
LICENSE/COC#: 44238

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2021, 07/01/2021, 07/02/2021, 07/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

August 26, 2021

CEO

RE: QUALITY LIFE SERVICES - APOLLO  
153 GOODVIEW DRIVE  
APOLLO, PA, 15613  
LICENSE/COC#: 44238

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/30/2021, 07/01/2021, 07/02/2021, 07/06/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *QUALITY LIFE SERVICES - APOLLO* License #: *44238* License Expiration Date: *02/27/2022*  
Address: *153 GOODVIEW DRIVE, APOLLO, PA 15613*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/13/2001* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *07/06/2021*

**Inspection Dates and Department Representative**

06/30/2021 - On-Site: [REDACTED]  
07/01/2021 - On-Site: [REDACTED]  
07/02/2021 - On-Site: [REDACTED]  
07/06/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *37*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *First Floor* Capacity: *36* Residents Served: *17*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *37*  
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

06/30/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/26/2021*

8/26/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2021*

8/26/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/21, at approximately [REDACTED] p.m., staff person A was witnessed by other staff in the home yelling at resident #2 while pulling on resident #2's right arm causing the resident to cry.

Immediately after the above incident, staff person A went to assist resident #3, who was sitting in a wheelchair. Staff person A was witnessed yelling at resident #3 and grabbing the resident's canes out of [REDACTED] hands.

These incidents of suspected abuse were not reported to the Area Agency on Aging.

Plan of Correction

Accept

§ 2600.15. Abuse reporting covered by law.

- 1. Protective services personnel were made aware of the additional allegation during there on site investigation on 6-25-21. However the PCHA forgot to initially complete an Act 13 for the second allegation.
- 2. The act 13 was completed for resident #3 on 7-2-21
- 3. Staff were educated that all allegations of abuse must be reported to DHS within 24 hours and an Act 13 must be completed within 2 hours with Adult Protective Services.
- 4. See attached Act 13 Documents and Staff education.

Completion Date: 07/02/2021

Document Submission

Implemented

The documentation for this POC was previously submitted

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/21, at approximately [REDACTED] p.m., staff person A was witnessed by another staff person of the home yelling at resident #2 while pulling on resident #2's right arm causing the resident to cry.

Immediately after the above incident, staff person A went to assist resident #3, who was sitting in a wheelchair. Staff person A was witnessed by another staff person yelling at resident #3 and grabbing the resident's canes out of [REDACTED] hands.

The home did not report these incidents to the Department.

16c - Written Incident Report (continued)

**Plan of Correction**

**Accept**

§ 2600.16. Reportable incidents and conditions.

1. The PCHA or designee shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department.
2. The PCHA included documentation on resident #3 with the follow up reputable on 6-25-21 but failed to include Resident#3 information in the reportable.
3. The follow up reportable on 6-30-21 stated the allegation and information for resident #3.
4. Required staff and resident information will be included in future reportable incidents.
5. See attached reportable and staff education.

**Completion Date:** 06/30/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

18 - Compliance With Laws

**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance, On 6/30/21, the carbon monoxide alarm was only approximately 7 feet from the home's gas dryer in the personal care home laundry room.

**Plan of Correction**

**Accept**

§ 2600.18. Applicable health and safety laws.

1. A CO2 alarm was installed outside the laundry room more than 15 feet from the dryer on 6-30-21.
2. CO2 emitting appliances shall be audited to ensure that they Have a CO2 alarm more than 15 feet away, once a week times two weeks and findings reviewed in monthly quality management meeting.
3. Staff shall be educated that gas appliance shall have a CO2 alarm more than 15 feet away.
4. See attached staff education and appliance audit

**Completion Date:** 06/30/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

25b - Contract Signatures

**1. Requirements**

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

25b - Contract Signatures (continued)

**Description of Violation**

The following resident-home contracts were not signed the resident:

- Contract for resident #4, dated [REDACTED]
- Contract for resident #5 dated [REDACTED]

**Plan of Correction**

Accept

§ 2600.25b. Rent rebates for residents of personal care homes—statement of policy.

1. Resident admissions contracts shall be signed by the resident.
2. Resident #4 and #5 have signed there admission contract.
3. Current resident contracts have been audited for signatures.
4. Staff have been educated that residents must sign there admissions contract on admission.
5. See attached signed contracts and staff education.

Completion Date: 08/25/2021

**Document Submission**

Implemented

The documentation for this POC was previously summited

42b - Abuse

**1. Requirements**

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED]/21, at approximately [REDACTED] a.m., staff person A assisted resident #1 with toileting in the resident's bathroom. During this time staff person A yelled at the resident saying, "You peed on me! That's gross, sit down, sit down!"

On 6/24/21, at approximately [REDACTED] p.m., staff person A assisted resident #2 in the sitting room. Staff person A yelled at resident #2 saying "You have to get up! You have to help me or I can't help you!" while yanking and pulling on the resident's right arm. This hurt the resident who began to cry and said "It hurt! You're pulling my arm out of the socket!" Resident #2 also reported being afraid.

On [REDACTED]/21, at approximately [REDACTED] p.m., immediately after the incident involving resident #2, as indicated above, staff person A went to push resident #3 in [REDACTED] wheelchair from the sitting room to the dining room. Staff person A pulled resident #3's canes from [REDACTED] hands and yelled "You don't need these! I'm trying to take you to lunch!" Resident #3 indicated staff person A hurt [REDACTED] hands and wrists when [REDACTED] grabbed and yanked the canes from [REDACTED] hands and said [REDACTED] was afraid of staff person A.

42b - Abuse (continued)

**Plan of Correction**

**Accept**

§ 2600.42. Specific rights.

1. Staff person A was immediately suspended on 6-24-21 when the allegation was made and did not return to work. The homes investigation substantiated abuse and the employee was terminated.
2. Staff were educated to report allegations of abuse to management immediately.
3. Westmorland County Adult protective services will be doing a staff in-service on abuse. The in-service is scheduled for 9-20-21
4. Personal care administrator or designee will confidentially interview 5 residents times 2 weeks to ensure there are no care or treatment concerns.
5. Personal care administrator or designee do daily rounds to further monitor care provided to residents.
6. Care concerns are shared daily in a clinical meeting with the Skilled Nursing, Director of Nursing and are addressed in quality management meetings monthly.

**Completion Date:** 09/20/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

42s - Privacy

**1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

The shared bathroom between bedrooms 23 and 25 does not have any means of locking the door, therefore does not provide privacy.

**Plan of Correction**

**Accept**

§ 2600.42.S Resident rights

- 1.All resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.
2. The bathroom between room 32 and 25 could not be locked from the inside to provide resident privacy.
3. The lock was reversed so the doors could be locked from the inside on 6-30-21
4. All bathrooms were audited in the home to ensure they could be locked from the inside.
5. see attached staff education and audits

**Completion Date:** 06/30/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

60a - Staff/Support Plan

**1. Requirements**

2600.

**60a - Staff/Support Plan (continued)**

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*The staffing schedule indicates that only 2 staff persons work on the 11:00 p.m.-7:00 a.m. shift. The home serves 36 residents, 17 of whom reside in the secured dementia care unit (SDCU), 5 of whom require 2-person assistance in transferring: residents #1, #3, #6 and #7. One resident in the personal care unit, resident #8, also requires 2-person assistance in transferring.*

*In the event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision and mobility needs of the residents. Residents of SDCU would be unsupervised while resident #8 is assisted by the only 2 staff persons in the home.*

**Plan of Correction**

**Accept**

*§ 2600.60. Additional staffing based on the needs of the residents.*

- 1. There is currently one resident in Personal Care that is periodically an assist of 2 to transfer. There are only 2 Personal Care Aides on midnight shift and the one aide cannot leave the SDCU There are more than 2 Personal Care Aides on all other shifts.*
- 2. A third PCA will be to midnight shift. There is also an agreement with the skilled Nursing Home that in the event there are only 2 PCAs in the building and the resident in Personal Care requires more than an assist of one a CNA will assist.*
- 3. There is also an agreement with the skilled Nursing Home will Provide an employee for assistance during drills and emergencies.*
- 4. See attached agreement and staff education*

**Completion Date:** 08/25/2021

**Document Submission**

**Implemented**

*The documentation for this POC was previously submitted*

**63a - First Aid/CPR Training**

**1. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*On 6/20/21, from 3:00 p.m.-7:00 a.m., 36 residents were present in the home. During this time, there were no staff persons present in the home who were certified in first aid.*

*On 6/25/21, from 7:00 a.m.-7:00 a.m., 36 residents were present in the home. During this time, there were no staff persons present in the home who were certified in first aid.*

*On 7/1/21, from 3:00 p.m.-7:00 a.m., 36 residents were present in the home. During this time, there were no staff persons present in the home who were certified in first aid.*

63a - First Aid/CPR Training (continued)

**Plan of Correction**

**Accept**

§ 2600.63. First aid, CPR and obstructed airway training.

1. The home had at least one staff person for every 50 residents who certified in obstructed airway techniques and CPR but not in first aid.
2. On 8-6-21 Staff will be trained in CPR and First aide.
3. . There is also an agreement with the skilled Nursing Home that an LPN will provide any needed first aide until 8-6-21.
4. See attached agreement and staff education.

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

162c - Menus Posted

**1. Requirements**

2600.

- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

On 6/30/21, the menu for the upcoming week - 7/4/21-7/11/21 - was not posted in a conspicuous and public place in the home..

**Plan of Correction**

**Accept**

§ 2600.162. Meals.

1. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.
2. The current menu for the week was posted 6-30-21
3. Audits will be done once a week times two weeks and findings reviewed in monthly quality management meeting.
4. See attached audits and staff education

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

183b - Meds and Syringes Locked

**1. Requirements**

2600.

- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

**Description of Violation**

Resident #10 is prescribed [REDACTED], and resident #11 is prescribed [REDACTED]. On 6/30/21 at approximately 11:59 a.m. and at 12:14 p.m., these medications were unlocked, unattended, and accessible in medication cart in the hallway of the SDCU.

Resident #12 is prescribed [REDACTED], apply to coccyx twice daily. On 7/2/21, at approximately 1:07 p.m., this medication was unlocked, unattended, and accessible in medication cart in the hallway of the personal care unit.

**Plan of Correction**

Accept

§ 2600.183. Storage and disposal of medications and medical supplies.

1. All medications were secured immediately and the carts were locked.
2. An additional key was made for the treatment cart so that the aids can get incontinence supplies without leaving the cart unlocked.
3. The staff were educated that carts must be locked and medications must be secured when not in use.
4. Med carts will be audited to ensure they are locked once a week times two weeks and findings reviewed in monthly quality management meeting.
5. See attached audits and staff education

Completion Date: 08/25/2021

**Document Submission**

Implemented

The documentation for this POC was previously submitted

184a - Labeling OTC/CAM

**1. Requirements**

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
  4. The prescribed dosage and instructions for administration.

**Description of Violation**

Resident #5 is prescribed [REDACTED], inject as per sliding scale before meals. However, the prescription label does not include the sliding scale as follows:

Blood sugar reading: 7-140=0 units; 141-180=2 units; 181-220=3 units; 221-260=4 units; 261-300=5 units; 301-340=6 units; 341-380=7 units; 381-400=8 units; 401+= give 10 units and call MD

Also, resident #5 is prescribed [REDACTED]; however, the label indicates [REDACTED].

184a - Labeling OTC/CAM (continued)

**Plan of Correction**

**Accept**

§ 2600.184. Labeling of medications.

1. Resident#5's sliding scale was added to the insulin label the day it was noted. The EMR dose show [REDACTED]
2. All residents with a sliding scale and [REDACTED] will be audited to ensure the label matches the MAR
3. Staff have been educated to ensure medication labels match the MAR.
4. See attached audits and staff education

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

185a - Implement Storage Procedures

**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Repeat Violation**

Resident #5 is prescribed blood glucose checks 4 times daily. However, staff did not document resident #5's blood glucose results on 6/9/21 at 6:45 a.m.

Repeat Violation - 4/25/19

**Plan of Correction**

**Accept**

§ 2600.185. Accountability of medication and controlled substances.

1. Resident #5 Blood Glucose not documented on 6/9/2021 at 6:45am.
2. Blood sugars must be documented on the MAR at the time of the glucometer reading.
3. Residents who received glucose monitoring will be audited to insure correct documentation once a week x 2 weeks. All findings will be reported to quality management meeting.
4. See attached staff education and audits.

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

**Description of Repeat Violation**

Resident #1 is prescribed [REDACTED] once daily. The medication administration record (MAR) was not initialed by the staff person(s) who administered the medication on 6/1/21, 6/5/21, and 6/6/21 at 6 a.m.

Resident #4 is prescribed [REDACTED], 1 tablet three times daily. The medication administration record (MAR) was not initialed by the staff person(s) who administered the medication on on 6/25/21 at lunch time.

Repeat Violation - 4/23/19

**Plan of Correction**

**Accept**

§ 2600.187. Medication records.

1. Resident #1 prescribed [REDACTED] once a day, not signed off by the med tech for the administration of the medication. Resident [REDACTED], 1 tablet three times a day, not signed off by the administering med tech.
2. All medications must be documented on the MAR at the time of administration.
3. MAR will be audited to insure proper documentation once a week x 2 weeks. All findings will be reported to the quality management meeting.
4. See attached staff education and audits.

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

191 - Resident Right to Refuse

**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #5, was admitted into the home on [REDACTED]. There is no documentation that the resident has been educated in the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

**Accept**

§ 2600.191. Resident education.

1. Resident # 5 was admitted into the home on [REDACTED]. There is no documentation that the resident has been educated in the resident's rights to refuse medications.
2. Resident #5 was given a copy of all resident rights and made aware of there right to refuse medications.
3. Audit current residents contracts to ensure resident rights were provided and reviewed.
4. See attached staff education and audits.

Completion Date: 08/25/2021

191 - Resident Right to Refuse (continued)

**Document Submission**

**Implemented**

*The documentation for this POC was previously submitted*

224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

On [REDACTED], resident #5 was admitted into the home on [REDACTED]. There was no preadmission screening form completed to include a determination that the needs of the resident can be met by the services provided by the home.

**Plan of Correction**

**Accept**

2600.224. Preadmission screening.

1. Prescreen for resident #5 could not be located from admission on [REDACTED].
2. Prescreen will be completed on resident #5 to assure compliance.
3. Current residents' records will be audited to ensure a preadmission screen was completed.
4. See attached staff education and audits.

**Completion Date:** 08/25/2021

**Document Submission**

**Implemented**

*The documentation for this POC was previously submitted*

225a - Assessment 15 Days

**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

On 7/1/21, resident #5's assessment, dated [REDACTED], indicates the resident needs total physical assistance with ambulating, as the resident is legally blind. However, the mobility assessment indicates the resident is independently mobile. Also, the assessment indicates the resident only needs prompting and cueing for eating and drinking, however, the resident needs some physical assistance with these personal care needs.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

§ 2600.225a. Initial and annual assessment.

1. Resident # 5 RASP will be up dated to accurately reflect the resident's needs.
2. Current resident RASP will be reviewed to ensure accuracy of resident need.
3. Staff have been educated to make PCHA aware of any change in resident condition so RASP may be updated accordingly.
4. See attached staff education and audits.

Completion Date: 08/25/2021

Document Submission

Implemented

The documentation for this POC was previously summited

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for resident #1, dated [REDACTED], indicates the resident has no dietary needs; however, on [REDACTED], the resident was ordered a pureed diet. Also, the assessment indicates the resident is independently mobile; however, the resident needs the assistance of 2 persons for transferring.

The assessment for resident #4, dated [REDACTED], does not include the resident's diagnosis of [REDACTED] of unspecified part of the bronchus or lung, and [REDACTED] of the bladder, as indicated on the medical evaluation, dated 3/4/2021.

Plan of Correction

Accept

2600.225c. Additional Assessment

1. Resident #1 diet is updated to pureed diet. Resident #2 transfer status changed to transfer of two assist. Resident #4 missing diagnosis has been updated.
2. current resident RASP will be reviewed for accurate diet, transfer status and that diagnoses are consistent with DME.
3. Staff have been educated to make PCHA aware of any changes in residents condition so RASP may be updated accordingly.
4. See attached staff education and audits.

Completion Date: 08/25/2021

Document Submission

Implemented

The documentation for this POC was previously summited

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The support plan for resident #1, dated [REDACTED] does not address the resident's admission into the SDCU and initiation of hospice services, the name of the hospice agency and the type and frequency of services provided by the hospice agency.

The support plan for resident #2, dated [REDACTED], does not address the resident's need for the SDCU, as indicated on the medical evaluation, dated [REDACTED]

**Plan of Correction**

**Accept**

§ 2600.227d. Development of the support plan.

1. Resident #1 RASP has been updated to state they are a resident of the SDCU. Hospice services have been added to resident RASP.
2. Current residents RASP will be reviewed for accurate outside services along SDCU placement if needed.
3. Staff have been education to make PCHA aware of any outside services so RASP may be updated accordingly.
4. See attached staff education and audits.

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

227h - Support Plan Refuse Sign

**1. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

Resident #3's support plan, dated [REDACTED] was not signed by the resident and did not indicate if the resident was unable or refused to sign.

**Plan of Correction**

**Accept**

2600.227h Support Plan Refuse Sign

1. Resident #3 support plan, dated [REDACTED] was not signed by the resident. Resident #3 has signed RASP.
2. All current RASP will be reviewed for signature and obtain if not present.
3. Staff have been education to make PCHA aware of any outside services so RASP may be updated accordingly.
4. See attached staff education and audits.

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

The documentation for this POC was previously submitted

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

*The directions for operating/code for the home's locking mechanism is not conspicuously posted near the elevator leaving the SDCU. the wrong code for the exit door by bedroom #37 is the incorrect, and the code is not posted for the exit by bedroom #53.*

Plan of Correction

Accept

*§ 2600.233. Doors, locks and alarms.*

- 1. The access code posted above the elevator but was not posted at the emergency exits.*
- 2. Access code posted at all exits including emergency exits in SDCU.*
- 3. Posting will be audited for placement once a week times 2 weeks. Results will be reported to Quality Management.*
- 4. Staff educated to report if posting are absent.*
- 5. See attached staff education and audits.*

Completion Date: 08/25/2021

Document Submission

Implemented

*The documentation for this POC was previously summited*